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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10760,378 | RECEIVED CENTRAL FAX CENTER JUN 14 2005 |
| | Filing Date | January 21, 2004 | |
| | First Named Inventor | Dwight L. ADAMIC, | |
| | Art Unit | 3671 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | PAT 844-2 |

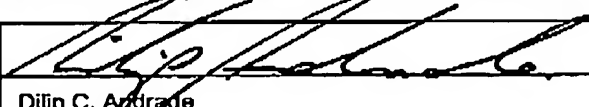
| ENCLOSURES (Check all that apply) | | |
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| Remarks Fax: 703-872-9306 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---------------------------|----------|--------|
| Firm Name | Borden Ladner Gervais LLP | | |
| Signature | | | |
| Printed name | Dilip C. Andrade | | |
| Date | June 14, 2005 | Reg. No. | 53,942 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Signature |  | | |
| Typed or printed name | Dilip C. Andrade | Date | June 14, 2005 |

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PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------------------------|
| Application Number | 10/760,378 |
| Filing Date | January 21, 2004 |
| First Named Inventor | Dwight L. ADAMIC, RECEIVED |
| Art Unit | 3671 CENTRAL FAX CENTER |
| Examiner Name | |
| Attorney Docket Number | PAT 844-2 JUN 14 2005 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 28123

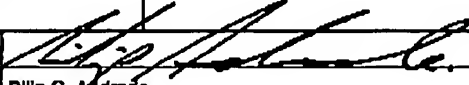
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Ownership of the application has changed, the new owner has requested transfer of the application to new representatives (specified below as the correspondent)

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number.

OR

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|---|---|------------------|----------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Mr. Steven Schad ESCO Corporation | | |
| Address | 2141 Northwest 25th Avenue | | |
| City | Portland | State | Oregon |
| | | Zip | 97210 |
| Country | UNITED STATES OF AMERICA | | |
| Telephone | | Email | |
| Signature |  | | |
| Name | Dilip C. Andrade | Registration No. | 53,942 |
| Date | June 14, 2005 | Telephone No. | (613) 237-5160 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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